

**APPLICATION FOR ZONING USE PERMITS WILL NOT BE ACCEPTED
UNTIL CORRECT INFORMATION IS RECEIVED**

Mohave County Planning and Zoning Commission
P.O. Box 7000
Kingman Arizona 86402-7000

APPLICATION FOR A ZONING USE PERMIT (ZUP)

Dear Sirs:

I (We) RHODES HOMES AZ, LLC hereby request a Mohave
County Zoning Use Permit to establish:
(proposed use) TEMPORARY WASTE WATER TREATMENT PLANT

and request that the Board of Supervisors set this matter for public hearing following evaluation by the
Planning and Zoning Commission:
Legal Description: SEE PLAN

Assessor's Parcel Number (APN) 215-16-005, 215-01-075,

Present use of property: VACANT Zoning: AR

Owner: (proof required*) AMERICAN LAND MANAGEMENT

Owner: (address) 6101 MUSTANG CIR, SIOUX FALLS Phone: S.D. 571 08

Property owner concurs: _____

MALIS SAKUNA
(Owner's Signature - Required)



SARALYN ROSENLUND
Notary Public - Nevada
No. 02-76733-1
My Appt. Exp. July 11, 2008

**SUBMIT TEN (10) COPIES 8 1/2" X 11" SITE PLAN AND VICINITY DRAWINGS ALONG
WITH TEN (10) COPIES OF THIS FORM**

(TO BE FILLED IN IF OWNER AND APPLICANT ARE DIFFERENT)

Applicant's interest in the Property DEVELOPER

Applicant: RHODES HOMES AZ, LLC
(Signature)

Address: 10 STANLEY CONSULTANTS, 3001 STOCKTON HILL ROAD, UNIT 3
City KINGMAN State: AZ Zip: 86401 Phone: (702) 765-6342

**MOHAVE COUNTY BUILDING PERMIT FOR OTHER FEES MAY BE REQUIRED IN
ADDITION TO THE ZONING USE PERMIT**

Commencement of use or construction prior to the issuance of a Mohave County Building (Zoning)
permit may require a penalty fee

***ONE (1) PROOF OF OWNERSHIP: Recorded Warranty or Joint Tenancy Deed; a Quit Claim
Deed is not acceptable**

Date submitted: _____ Received by: _____

Fee: _____ Receipt No: _____

Ten (10) Copies Received: _____

Application: _____ Sketch: _____ Other: _____